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Stewart Kennedy
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#14

Dysentery

Dysentery is defined by Dr. Cullen "a disease in which the patient has frequent stools accompanied with much griping, and followed by a tenesmus. The stools though frequent, are generally in small quantity; and the matter voided is chiefly mucous, sometimes mixed with blood. At the same time the natural faces seldom appear, and, when they do, it is generally in a compact and hardened form."

The dysentery like other febrile diseases, is sometimes marked by an evident cold stage succeeded by heat and the other symptoms of fever; and soon after by the symptoms common to no other disease. Sometimes it attacks the patient in the form of flatulent wandering pains. But most frequently by the immediate affection of the stomach & bowels; such as nausea vomiting griping & tenesmus and frequent mucous bloody

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stools. The quantity of blood voided by stool varies in almost every case. In some cases the amount is very small or as it is termed merely streaked in the faeces; and in other cases the most of the matter ~~voided~~ discharge has a bloody appearance. The stools of ordinary dysentery are accompanied with blood in a greater or less degree.

As Ryan states in the definition by Dr. Cullen, it is very seldom that we can perceive any natural faeces, still there are sometimes small hard masses, or scybala, which when passing produce an immense deal of pain

As the disease advances the griping becomes more severe, the stools more frequent, and the tormina, & tenesmus, more distressing, together with an unusual degree of flatulence.

The fever which attends the disease in this country is most commonly of the Synocha type

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Causes. The causes of dysentery may be said to be the same as of our summer and autumnal fevers; being most frequent in the fall, after long continued dry warm weather succeeded by cold damp atmosphere, rain &c. Writers of late agree with Dr. Sydenham viz that it is the disease of the season thrown in on the bowels. The few observations I have been able to make would lead me to say that Sydenham's view is perfectly correct. I have seen the dysentery and the common bilious remitting fever both raging in a small town at once, most probably produced by the same cause, and both requiring for their cure nearly the same remedies

I would suppose, that effluvia arising, ~~arising~~ from decaying vegetables in dry places to have more effect in producing dysentery than marsh effluvia, from the

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circumstance of its appearing most frequently in high situations where the latter would have no chance of coming unless carried by the wind from some considerable distance. In proof of which I will merely state that in the Township of Mansfield, N.S. the dysentery raged to an alarming degree, in the latter part of the summer and fall of 1819. The situation of the place is high, and to the best of my knowledge there are no marshes in the township. The drought was so great as to kill vegetation to such a degree as to compel many of the farmers to feed their stock the same as in winter. The disease in that township proved more than commonly fatal. I am not acquainted with the mode of treatment pursued there. Bad diet such as salted fish tainted fish ~~meat~~ is a common cause; eating much unripe fruit often produces the disease. I have observed it to rage & prove more fatal in small filthy houses than

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<u>Cure</u> In the cure of this disease we are to bear in mind all its present symptoms and give each case a due consideration; as the treatment of at least each epidemic, if not each case, require different remedies. From this circumstance we must conclude that writers have done little more to advance our knowledge in this disease, than note the times it appeared most fatal at particular places, its appearances and ravages.

Notwithstanding, some general remedies can be laid down for ordinary dysentery still a good deal must be taken from the prevailing epidemic or from previous cases of the same epidemic

As the few cases I have seen were attended with a full tense pulse and the other symptoms peculiar to the disease, which I believe to be the most common form; we must precede all other remedies by the

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lancet; which allays inflammation, relieves constriction, & sometimes a gentle diaphoresis together with a remission of the griping pains succeed.

V. Section is generally followed by a purge of Calomel pr. se or combined with jalap or ipecacuanha

When Calomel is given pr. se the dose should be large, and followed by Castor oil or epsom salts.

When combined with jalap I have found the following a good Recipe. Jalap 60 grains, Calomel 30 grs, rubbed well in a mortar and divided into three powders, one to be given every three hours until it operates briskly

When given with ipecacuanha the following, ℞ Calomel grs 30 } M
Ipecacuanha grs iv } into 6 pills.
Dose 2 pills every two or three hours until it purges. I very much prefer this last perscription. It relaxes the system & produces a moisture on the

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surface of the body. These purgatives should be followed by some of the neutral salts or castor oil. They should not be laid aside by their having operated once, but at all times when the desire to go to stool is frequent without voiding much, a cathartic ought to be given

It is also recommended, & I believe very judiciously to assist the cathartic by an injection of a mild nature. Flaxseed tea with the addition of a little opium. After the cathartic has operated, I have found anodyne injections of infinite service in subduing the griping and tenesmus. The stimulating effect of the opium appear to be counterbalanced by its anodyne property, which quiets the irritability of the intestines. As the disease appears to exert its force most violently on the Colon & Rectum the injections seem to have a more immediate effect than when given by the mouth. The Mucilage of Gum Arabic ½ pint. Opium 1gr. forms a good injec=

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=tion. Dr. Chapman recommends ½ pint of fresh butter as a valuable injection. I have never found it convenient in the few cases that have come under my notice; but if an opportunity should occur I would not hesitate a moment to recom=mend it.

Next to these I should say blisters ought to be applied, notwithstanding the many complaints of the patients, who ~~to~~ generally say they increase the tormina & tenesmus. In such a case I have seen it highly nec==sary that the physician speak positive as as to its effects; otherwise the patient would not submit to their application, or retain them their after applied. They should be large & placed over the hypogastric region

Should the case be mild and a blister not thought necessary, or after it has been applied. Diaphoretics are to be used.— The best though mild, I have tryed, is the following

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} M.f. into five pills, one to be given ~~every~~ every two or three hours

This combination has a three fold effect. It produces a moderate diaphoresis a gentle cathartic & subdues irritation. To assist this a flannel bandage round the abdomen to keep in the warmth & give strength to the tender intestines is a very good application

The Cretaceous julep is a very valuable remedy. It may be given after every cathartic and especially ~~of~~ towards the close of the disease. The proper dose is a table spoonful

A proper application of the remedies I have mentioned will generally succeed in accomplishing a cure.

The patient should be particular as respects clothing. Flannel next the skin is very important, and should be attended to

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Sometime the discharge ~~of~~ amounts to almost a hemorrhage. In such cases Ipecacuanha is beneficial. But when the pain is severe and the ~~discharge~~ desire for stool ineffectual, the powers of ipecacuanha ~~is~~ is universally acknowledged

When the patient has arrived to a convalescent state, mild tonics may sometimes be necessary

Dr. Pfungrich